Salem Township Zoning Application PO BOX 171, Morrow Ohio 45152

Phone (513) 678-3633

salemtownshipzoning2@gmail.com

Permit #

CONSTRUCTION SITE INFO	COMMERCIAL	RESIDI	ENTIAL		AGRICULTURAL
Address of construction					
Parcel ID/Sidwell	Subdivisio	n	L	ot#	_Township
Owners InformationName	Mailing Address		City, State, Zip	Code	Phone
Owner's email					grow distinct a south
Applicant's					
Name	Addites		City, State, Zip	Code	Phone
TYPE OF ZONING REQUEST	(Check all that a	<u> PP(V)</u>	Г	SIZE O	F PROPOSED STRUCTURE
Single Family Residence	NEW REMO	DDEL ADI	DITION	OLLE O	TROTOSED STRUCTURE
Swimming pool	IN-GROUND	ABOVE GROUN	ND		
Deck				STRUC	TURE HEIGHT
Accessory building	SHED GARAGE	POLEBUILD	DING		
Temporary trailer	DATE TO BE REMOV	ED	_		
Sign	BILLBOARDOT	HER			
Tower	TELECOMUNICATION	N ANTENN	A WIND	TURBIN	E HAMM RADIO
Other (explain)					
SITE PLAN INFORMATION				ROPER	TY LINES TO PROPOSED
<u>_OT</u> WidthDepth	# of Acres				
The undersigned hereby certifies that a to the information requested on this for buildings on the lot; and the location are varrants that the proposed buildings or oning permit to be issued on the basis is to expire in 1 year from the approved	Il information and attachmer m to submit a plan showing and dimensions of the propose alterations shall be built as it of the information contained	ts to this application a the actual dimensions d buildings or alteration	are true and corre and shape of the ons. The undersign	ct. The und lot, sizes a gned agree	dersigned is required, in addition and locations of existing a covenants, represents, and
Owner's Name(Please print)	Signatur	e of Owner			_ Date
Yfice use below line					
Pate ApprovedI	Date Denied_	Inspector			Zoning Class
omments					